

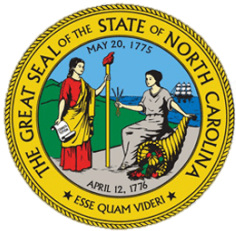
North Carolina COVID-19 Vaccine Management System (CVMS) Provider Enrollment

**Step 2 - Register each
vaccine location and all
prescribing providers who
will administer vaccine**

User Guide

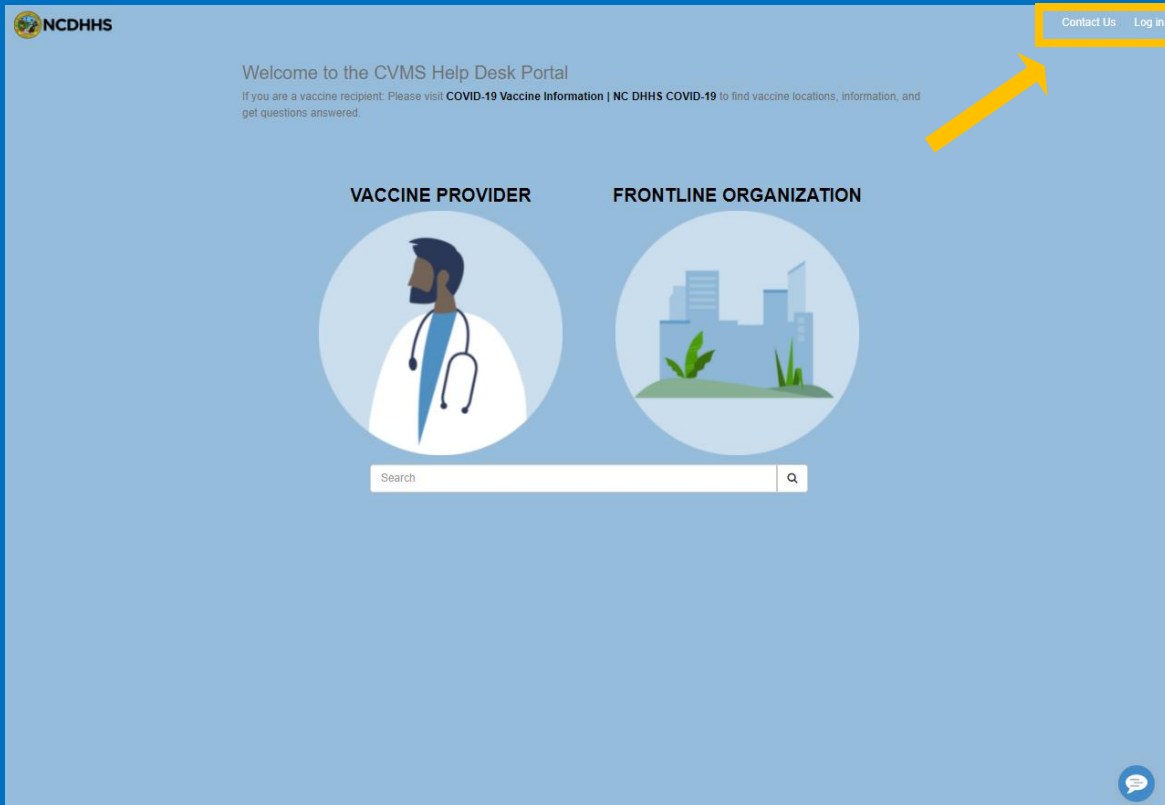
Version 11

August 27, 2021



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**





If you have any questions, issues or requests, please go to the CVMS Help Desk Portal* at https://ncgov.servicenowservices.com/csm_vaccine

You can also call the COVID-19 Vaccine Provider Help Desk at **(877) 873-6247** and select option 1. The COVID-19 Vaccine Provider Help Desk is available during the following hours:
Monday to Friday: 7 am – 7 pm ET
Saturday & Sunday: 8 am – 4 pm ET

* On the home page of the CVMS Help Desk Portal, select Login at the top right-hand corner, then select the "**Vaccine Provider**" option to submit your question, issue, or request.

Providers that are first time users of the CVMS Help Desk Portal will have to follow the steps below:

1. Register for an account by clicking 'Register' in the top right-hand corner
2. Populate your first name, last name, and business e-mail
3. You will receive an e-mail with your username and temporary password to log into the portal

Table of Content

	Pages
Overview	4 – 6
Complete Section B	7 – 22
Complete Responsible Officer Review & Sign Process	23 – 30
Other Operations Available	31 – 46
Editing Section B	32 – 38
Resubmitting Section B	39 – 41
Practice Provider Bulk Upload	42 – 46
Appendix	47 – 55
Reset Password	48 – 52
Next Steps	53 – 53

Overview

Overview

Section B

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, **you must complete this section for each respective location.** To complete this section, you will be asked for:

- Location details
- Primary and Back-up Vaccine Coordinator contact information
- Shipment availability
- Provider type and setting
- Population(s) served
- Storage capacity and storage unit specifications (including brand, model, type, and interior and exterior pictures)
- List of providers, including license numbers, with prescriptive authority

If you also serve as CEO and/or CMO for your organization, click on the “CEO Review/Sign” and/or “CMO Review/Sign” at the top menu bar after you have completed Section B to review the conditions for enrollment and provide your signature.

Don't Show this Again ☐

Close

In this user guide, we will discuss how the Vaccine Coordinator will complete Section B of the Provider Enrollment process, and then how the CEO and CMO will be able to sign the agreement(s).

The content included in this user guide is for the following roles: **Primary Vaccine Coordinator, the Chief Executive Officer and the Chief Medical Officer.**

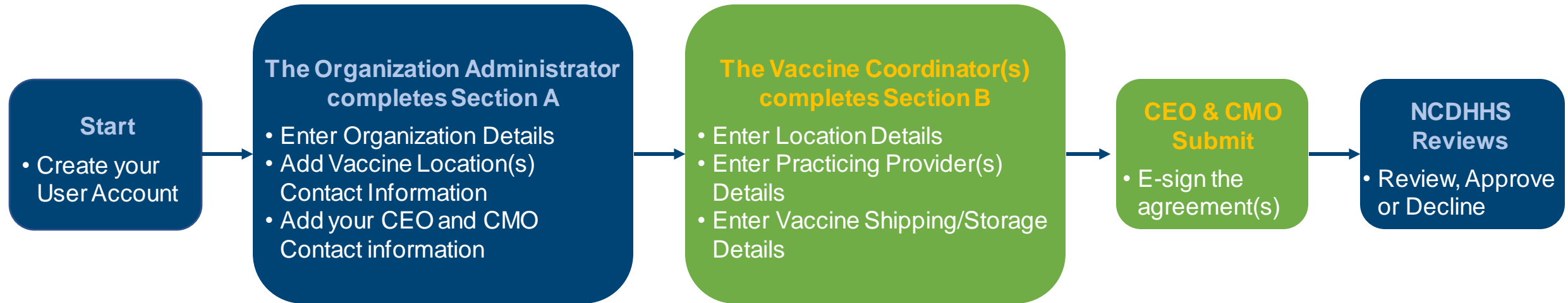
Additionally, you will need to:

- Use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers
- Log into the CVMS Provider Enrollment Portal at <https://covid-enroll.ncdhhs.gov/>

Now, let's get started!

There are Four User Profiles Available, and this User Guide Focuses on the last three Profiles

The COVID-19 Vaccination Program Provider Enrollment Process takes place in the **CVMS PROVIDER ENROLLMENT PORTAL** in five steps:



Additional Resources

- CVMS Provider Enrollment Portal - <https://covid-enroll.ncdhhs.gov/>
- Vaccine Readiness Checklist - <https://covid19.ncdhhs.gov/covid-19-vaccine-readiness-checklist-download/download>
- Learning Materials: <https://covid19.ncdhhs.gov/vaccines/providers/covid-19-vaccine-management-system-cvms-steps-providers>

Complete Section B

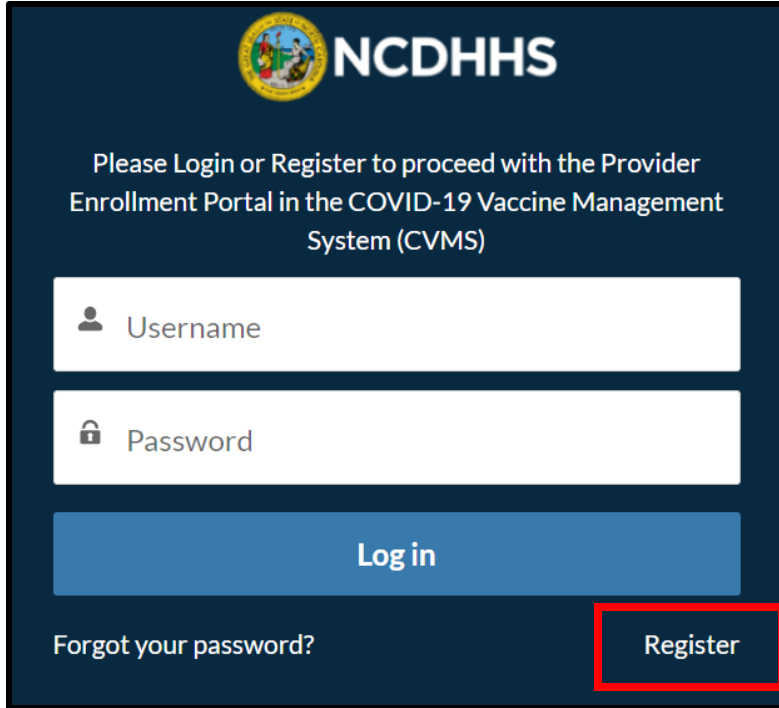
Provider Enrollment Role Checklist

COMPLETE THE CHECKLIST below for **EACH ROLE** that you serve in your organization

Organization Administrator	Vaccine Coordinator	Chief Executive Officer (CEO)	Chief Medical Officer (CMO)
<ul style="list-style-type: none"><input type="checkbox"/> Create your user account<input type="checkbox"/> Mark if your organization is a Redistribution Participant<input type="checkbox"/> Add all locations and enter for each location the vaccine coordinator(s) contact information<input type="checkbox"/> Add your organization's CEO<input type="checkbox"/> Add your organization's CMO	<ul style="list-style-type: none"><input type="checkbox"/> Register for a Provider Enrollment account via the link in the welcome email<input type="checkbox"/> Upload pictures of the interior and exterior of your storage units<input type="checkbox"/> Input all practicing providers at your location<input type="checkbox"/> Review and sign the CDC COVID-19 Vaccination Program Provider Agreement<input type="checkbox"/> Review and sign the Storage and Handling Attestation <p><u>For locations with at least 25 practicing providers</u>, return completed Practicing Provider Bulk Upload Template to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine</p>	<ul style="list-style-type: none"><input type="checkbox"/> Register for a Provider Enrollment account via the link in the welcome email<input type="checkbox"/> Review and sign the CDC COVID-19 Vaccination Program Provider Agreement<input type="checkbox"/> If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement	<ul style="list-style-type: none"><input type="checkbox"/> Register for a Provider Enrollment account via the link in the welcome email<input type="checkbox"/> Review and sign the CDC COVID-19 Vaccination Program Provider Agreement<input type="checkbox"/> If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Note: A single user can assign themselves all four profiles above if applicable and complete the enrollment process.

Step 1 of 13: Log into the CVMS Provider Enrollment Portal



The screenshot shows the NCDHHS (North Carolina Department of Health and Human Services) logo at the top left. Below it, the text reads: "Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)". There are two input fields: "Username" with a person icon and "Password" with a lock icon. Below these fields is a blue "Log in" button. At the bottom left, there is a link "Forgot your password?". At the bottom right, there is a "Register" button highlighted with a red rectangle.

You will receive an email from COVIDenroll@dhhs.nc.gov inviting you to register for an account. **DO NOT** register before you receive this email.

1. Click the link in the email
2. Click **REGISTER** on the CVMS Provider Enrollment homepage
3. Enter your **NAME AND EMAIL**
4. Create your **PASSWORD**
5. Click **SIGN UP**
6. You will be directed to **COMPLETE SECTION B**

Audience

Vaccine
Coordinator

Tips

Link to the portal included in the email inviting you to register.

If you are also the Organization Administrator, you can skip this step.

Step 2 of 13: Provider Location Information

Next

You will be directed to complete the **LOCATION INFORMATION** page. On this page, you will be able to provide additional details for your location.

- 1. Enter the address where your location will receive COVID-19 vaccine shipments
- 2. Please indicate if the address for vaccine shipments differs from the vaccine administration locations
- 3. Please indicate if another organization will order COVID-19 vaccine for this location
- 4. Click **NEXT** once all information is complete

Audience

Vaccine Coordinator

Tips

The Location Name field will be populated from details entered in Section A.

Step 3 of 13: Provide Vaccine Coordinator Details

✓ Vaccine Coordin...

Availability

Provider Type/S...

Population Serv...

Storage Units

Practicing Prov...

Initial Healthcar...

Review

SGH Attestation

Completed

ORGANIZATION LOCATION VACCINE COORDINATOR CONTACT INFORMATION

* Primary Vaccine Coordinator First Name

Primary Vaccine Coordinator Middle Initial

* Backup Vaccine Coordinator First Name

Patrick

Backup Vaccine Coordinator Middle Initial

* Backup Vaccine Coordinator Last Name

Mispireta

* Backup Vaccine Coordinator Telephone xxx-xxx-xxxx

129-000-4567

* Backup Vaccine Coordinator Email

pa@mailinator.com

Next

After providing the location details, you will be prompted to enter additional Vaccine Coordinator Details. As the **PRIMARY VACCINE COORDINATOR**, your information will be **PREPOPULATED** for you.

You will be asked to provide **BACKUP VACCINE COORDINATOR** contact details. The Backup Vaccine Coordinator is typically the **LEAD PHYSICIAN** signing the agreement on behalf of your organization.

1. Enter the **BACKUP VACCINE COORDINATOR DETAILS**
2. Click **NEXT**

Audience

Vaccine Coordinator

Tips

The Backup Vaccine Coordinator can be any representative from your location.

The Backup Vaccine Coordinator will not have access to the CVMS Provider Enrollment Portal.

Step 4 of 13: Enter Availability to Receive COVID-19 Vaccine Shipments

You will be asked to provide your **AVAILABILITY TO RECEIVE COVID-19 VACCINE SHIPMENTS**. You have the option specify when you can receive shipments during a **MORNING AND EVENING TIMESLOT FOR EACH DAY** of the traditional work week.

- 1. Provide the **AVAILABILITY TO RECEIVE** COVID-19 vaccine shipments
- 2. If you are **NOT AVAILABLE TO RECEIVE** shipments during a timeslot, select **NA** for both the **FROM AND TO FIELDS**
- 3. Click **NEXT**

✓

✓

Availability

Provider Type/S...

Population Serv...

Storage Units

Practicing Provi...

Initial Healthcar...

Review

S&H Attestation

Completed

DAYS AND TIMES VACCINE COORDINATORS ARE AVAILABLE FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

* Monday AM from:

Please select time

* Monday AM to:

Please select time

* Monday PM from:

Please select time

* Monday PM to:

Audience

Vaccine Coordinator

Tips

Your location must have at least a four-hour continuous window of availability between Tuesday and Friday to receive shipment (excluding transfers or redistributions)

Step 5 of 13: Enter Provider Type & Key Vaccination Details

COVID-19 VACCINATION PROVIDER TYPE FOR THIS LOCATION (SELECT ONE)

* Provider Type

Pick a Provider Type

SETTINGS WHERE THIS LOCATION WILL ADMINISTER COVID-19 VACCINE (SELECT ALL THAT APPLY)

* Settings: Select the setting for your location. If multiple settings describe your location, select more than one setting by holding down CTRL (CMD+CTRL on Mac) and clicking on each additional setting.

Temporary location - mobile clinic
Urgent care facility
Workplace
Other

Pick at least one Setting

APPROXIMATE NUMBER OF PATIENTS/CLIENTS ROUTINELY SERVED BY THIS LOCATION

Number of children 18 years of age and younger: 0

APPROXIMATE NUMBER OF PATIENTS/CLIENTS ROUTINELY SERVED BY THIS LOCATION

Number of children 18 years of age and younger: ⓘ

☒ Unknown

Number of adults 19 – 64 years of age: ⓘ

☒ Unknown

Number of adults 65 years of age and older: ⓘ

Next

Next, you will be directed to the **PROVIDER TYPE/SETTINGS** page. In this section, you will provide more information about your provider type and other key details.

1. Select a **PROVIDER TYPE**
2. Select **ALL THE SETTINGS** that apply
3. Enter the **ANNUAL NUMBER OF PATIENTS** served for **EACH AGE DEMOGRAPHIC**. If you do not know, select **Unknown**
4. Enter the **AVERAGE NUMBER OF PATIENTS** seen per week
5. Enter the **PEAK INFLUENZA VACCINES ADMINISTERED**
6. Click **NEXT**

Audience

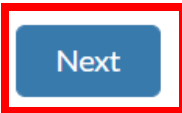
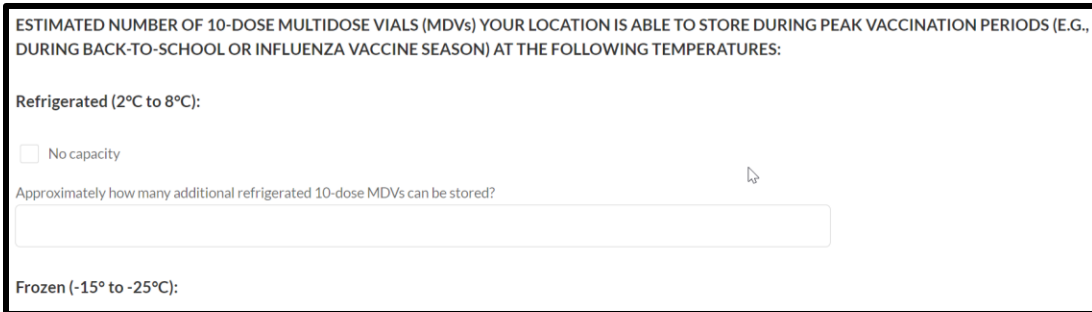
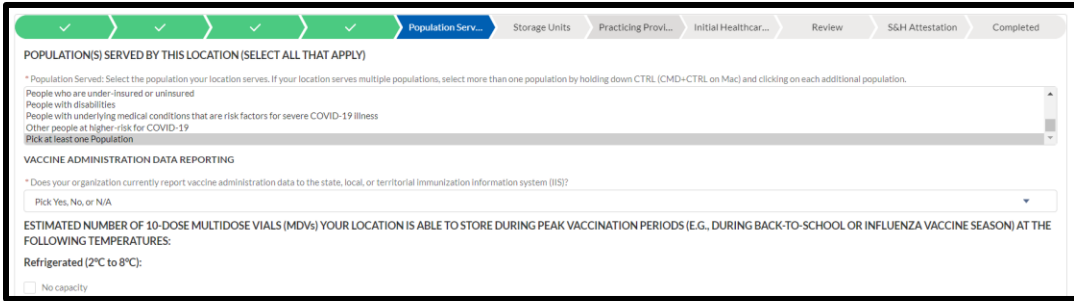
Vaccine Coordinator

Tips

To select more than one setting, click CTRL on your KEYBOARD and all values that apply.

If you have Mac, CONTROL + COMMAND and select all values that apply.

Step 6 of 13: Enter Population Type / # of 10-Dose MDVs



Next, you will be directed to the **POPULATION TYPE / # OF 10-DOSE MDVS** page. On this page, you will provide additional information about the **POPULATION(S) YOU SERVE** and some **STORAGE DETAILS**.

1. Select **ALL THE POPULATIONS SERVED** by your locations
2. Enter your location's **REPORTING STATUS / IIS NUMBER**.
3. Enter your location's **STORAGE CAPACITY DETAILS**
4. If your location does not have any storage capacity, select **NO CAPACITY**
5. Click **NEXT**

Audience

Vaccine Coordinator

Tips

Pharmacies can call 1-877-873-6247 to determine their IIS number. All other types of providers can enter their NCIR number.

If you do not know your IIS number, leave this blank.

Step 7 of 13: Provide Additional Storage Unit Information

Next, you will be asked for more information on your **LOCATION'S STORAGE UNITS**. You may enter up to a **MAXIMUM OF FIVE STORAGE UNITS**.

You **MUST UPLOAD INSIDE AND OUTSIDE PHOTOS** of your storage units.

- 1. Enter the **BRAND, MODEL, AND TYPE** for each storage unit
- 2. **UPLOAD INSIDE AND OUTSIDE PHOTOS** of each storage unit
- 3. Select **N/A** for any remaining storage unit fields you will not use
- 4. Click **NEXT**

Audience

Vaccine Coordinator

Tips

You must upload actual pictures of your storage units, not stock photos. Failure to upload actual photos will prevent your submitted application from being approved.

✓

✓

✓

✓

✓

Storage Units

Practicing Provi...

Initial Healthcar...

Review

S&H Attestation

Completed

STORAGE UNIT DETAILS FOR THIS LOCATION

List brand, model, and type of storage units to be used for storing COVID-19 vaccine at this location to avoid delays in the processing of your enrollment.

The Centers for Disease Control and Prevention (CDC) recommends using purpose-built or pharmaceutical-grade units designed specifically for vaccine storage. Household combination units are acceptable for the refrigerated component only, if a purpose-built refrigerator unit is not available. A separate, stand-alone freezer must be utilized for frozen vaccine. Vaccines may not be stored in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances, as these units are not acceptable for vaccine storage. Vaccines must be stored on a separate shelf from any other biologics. Food must be stored separately and not in the same unit where vaccine is stored.

* Storage Unit 1 Brand

Storage Unit 1 Inside Picture

Upload Files

Or drop files

Storage Unit 1 Outside Picture

Upload Files

Or drop files

Next

Step 8 of 13: Enter Your Practicing Providers Information

Next, you will be asked to **ENTER ALL PRACTICING PROVIDERS** with prescribing authority (i.e., MD, DO, NP, PA, RPh, DDS, DMD) for the COVID-19 vaccine at your location.

- 1. For each practicing provider, enter their information as it **APPEARS ON THEIR MEDICAL LICENSE**
- 2. Click **CREATE PROVIDER**
- 3. The practicing provider will be added to the list

✓>✓>✓>✓>✓>✓>Practicing Provi...>Initial Healthcar...>Review>S&H Attestation>Completed

No associated providers

We're sorry there are no providers associated with your account. You can create a new provider record below.

Add New Provider

* Practicing Provider License Type

--None--

* Practicing Provider License Number

* Practicing Provider First Name

* Practicing Provider Last Name

Practicing Provider Middle Initial

Create Provider

Pause

Next


Audience

Vaccine Coordinator

Tips

The practicing provider's name entered must match exactly how the practicing provider's name appears on the practicing provider's medical license.

If you represent a location with **25 or more practicing providers**, please reference the subsection labeled Practice Provider Bulk Upload in this user guide.



NC DEPARTMENT OF
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16

Step 9 of 13: Edit Your Practicing Providers Details

Once you enter all your practicing providers, **REVIEW THE PROVIDER LIST**. You can update or deactivate practicing providers that you entered.

To **UPDATE THE INFORMATION** for a practicing provider:

- 1. Locate the **CORRECT PROVIDER**
- 2. Click on the **PENCIL** next to the field you wish to update
- 3. Click outside of the field
- 4. Click **SAVE**


Audience

Vaccine
Coordinator

Approved Providers

<input type="checkbox"/>	Provider First Name	Provider Last Name	Provider Middle Init...	License Number	Provider Type
--------------------------	---------------------	--------------------	-------------------------	----------------	---------------

Pending Providers

<input type="checkbox"/>	Provider First Name	Provider Last Name	Provider Middle Init...	License Number	Provider Type
1	<input type="checkbox"/> John	Doe		1234567890	MD

Cancel

Save

Step 10 of 13: Deactivate a Practicing Provider

Before you move to the next section, you can also deactivate any practicing providers you added to your providers list. It is **IMPORTANT THAT YOU REVIEW ALL PROVIDER DETAILS** before navigating to the next section.

To DEACTIVATE A PROVIDER:

- 1. Select **ONE OR MORE PROVIDERS** you wish to deactivate
- 2. Click **DEACTIVATE PROVIDER(S)**

Once you confirm that all practicing provider details are correct, click **NEXT**

Audience

Vaccine
Coordinator

Approved Providers

☐

Provider First Name

▼

Provider Last Name

▼

Provider Middle Init...

▼

License Number

▼

Provider Type

▼

Pending Providers

☒

Provider First Name

▼

Provider Last Name

▼

Provider Middle Init...

▼

License Number

▼

Provider Type

▼

1	<input checked="" type="checkbox"/>	John	Doe	1234567890	MD
---	-------------------------------------	------	-----	------------	----

Deactivate Provider(s)

Next

Step 11 of 13: Add Initial Healthcare Location Manager

✓

✓

✓

✓

✓

✓

✓

✓

Initial Healthcare...

Review

S&H Attestation

Completed

INITIAL HEALTHCARE LOCATION MANAGER

If your location is approved by NC DHHS as a COVID-19 Vaccination Provider, you will then need access to the COVID-19 Vaccine Management System (CVMS) Provider Portal to manage COVID-19 vaccine inventory, process recipients, document vaccine administrations, and complete other activities related to the COVID-19 Vaccination Program.

Please select an employee that you want to be the first Healthcare Location Manager for this location and enter the information below for this individual. This individual will also manage your employees' access to the CVMS Provider Portal, with the ability to create new CVMS Provider Portal users and deactivate, reactivate, and manage location assignments for existing users either via self-service functionality in CVMS for smaller locations or via bulk upload via a CVMS Help Desk ticket for larger locations. Do NOT use this form to update user access to the CVMS Provider Portal at this time, this form is intended for Initial Healthcare Location Manager activation only. This individual can be the same as your location's primary vaccine coordinator, or it can be someone else in your organization.

Add Initial Healthcare Location Manager

* Initial Healthcare Location Manager First Name

* Initial Healthcare Location Manager Last Name

* Initial Healthcare Location Manager NCID Username

* Initial Healthcare Location Manager Email Address

Next

After clicking next, you will be asked to **ADD YOUR INITIAL HEALTHCARE LOCATION MANAGER** to help support onboarding activities in the CVMS Provider Portal.

If your location is approved, the initial Healthcare Location Manager will be the first person for your location to receive access to the CVMS Provider Portal.

1. Review the instructions
2. Enter all **REQUIRED INFORMATION**
3. Click **NEXT**

Audience

Vaccine Coordinator

Tips

Entering your initial Healthcare Location Manager in the CVMS Provider Enrollment Portal is required. **Once the location is approved by NCDHHS**, this initial Healthcare Location Manager will be added to the CVMS Provider Portal, be sent a welcome email with instructions on how to access the CVMS Provider Portal, and then be able add additional HCP users for this location in the CVMS Provider Portal.

Step 12 of 13: Review & Sign the CDC COVID-19 Vaccination Program Provider Agreement

✓✓✓✓✓✓✓✓✓✓ReviewS&H AttestationCompleted

Please Confirm

Organization

Organization Identification:

Organization Name

Number of Location child records 1

* Draw Your Signature Here

Adopt and Use

Clear

Date

December 15, 2020

Next

After clicking next, you will be able to review the information you provided and **SIGN THE CDC COVID-19 VACCINATION PROGRAM PROVIDER AGREEMENT.**

It is **IMPORTANT** that you confirm that everything you entered for **SECTION B IS ACCURATE AND COMPLETE.**

1. Review the information you entered in Section B
2. Use the **PREVIOUS** button to correct errors
3. **DRAW YOUR SIGNATURE**
4. Click **ADOPT AND USE**
5. Click **NEXT**

Audience

Vaccine Coordinator

Tips

If you wish to redo your signature, click the CLEAR button.

Step 13 of 13: Review & Sign the Storage and Handling Attestation

S&H Attestation

Completed

Please Confirm

Location

Storage and Handling Attestation:

Location Name
General Location 1

Proper vaccine storage and handling practices will serve a critical role in the success of the COVID-19 vaccination response. Failure to strictly adhere to vaccine storage and handling guidelines as noted in The Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Toolkit¹ can result in vaccines being exposed to temperatures outside of the range deemed acceptable by the vaccine manufacturer. Exposed vaccines can have significant consequences including, reduced potency/effectiveness and subsequent revaccination, thousands of dollars in wasted vaccine, and loss of patient confidence.

Providers enrolled in the COVID-19 Vaccination Program signed an agreement with CDC and have agreed to adhere to the following practices in relation to vaccine storage and handling:

- > Store and handle COVID-19 vaccines under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with an Emergency Use Authorization (EUA) or vaccine package insert, manufacturer guidance, and CDC guidance within the Vaccine Storage and Handling Toolkit.
- > Monitor storage unit temperature at all times, using equipment (digital data loggers) and practices that comply with guidance in the Vaccine Storage and Handling Toolkit.
- > Comply with immunization program guidance for handling temperature excursions.*
- > Monitor and comply with COVID-19 vaccine expiration dates.

* Draw Your Signature Here

Adopt and Use

Clear

Date
December 15, 2020

Next

Next, you will **REVIEW AND SIGN** the **STORAGE AND HANDLING ATTESTATION**.

It is **IMPORTANT** to know that this **SIGNATURE IS**
CONSIDERED on behalf of **YOU AND THE BACKUP**
VACCINE COORDINATOR.

1. Read the **STORAGE AND HANDLING ATTESTATION**
2. **DRAW YOUR SIGNATURE**
3. Click **ADOPT AND USE**
4. Click **NEXT**
5. Section B is now **COMPLETE**

Audience

Vaccine Coordinator

Tips

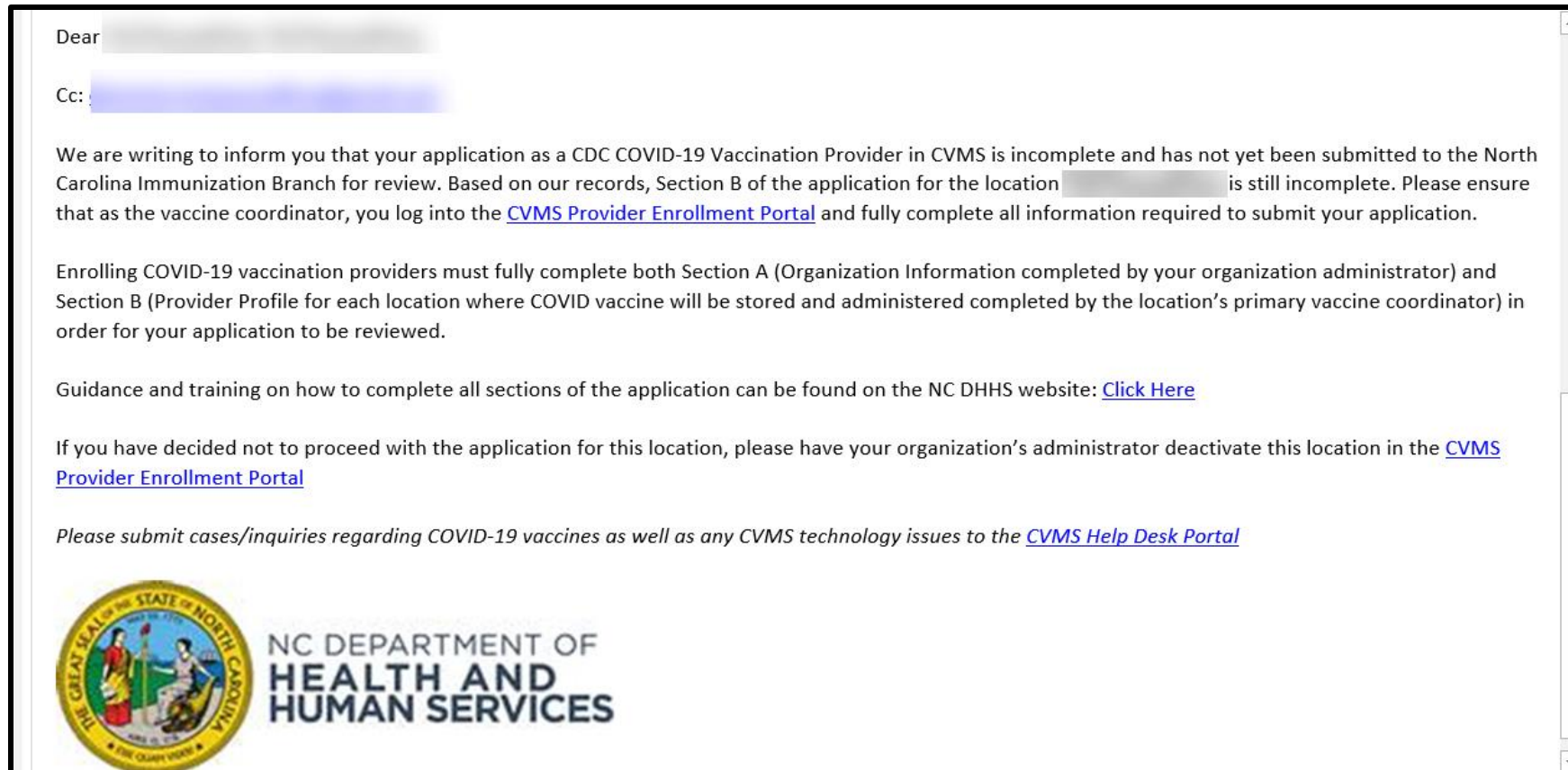
You and your Organization Administrator will be notified via email when your location is approved for the first time if your Organization was approved first (this only applies to organizations with more than one location).

Email Notification After 7 Days of Inactivity

If you have not updated Section B for your location after 7 calendar days while it is in the New status, you will receive an email notification reminding you to complete Section B. It is important to complete Section B as soon as possible for your location to be reviewed by the NCDHHS Immunization Branch.

Audience

Vaccine
Coordinator



Complete the Responsible Officer Review & Sign Process

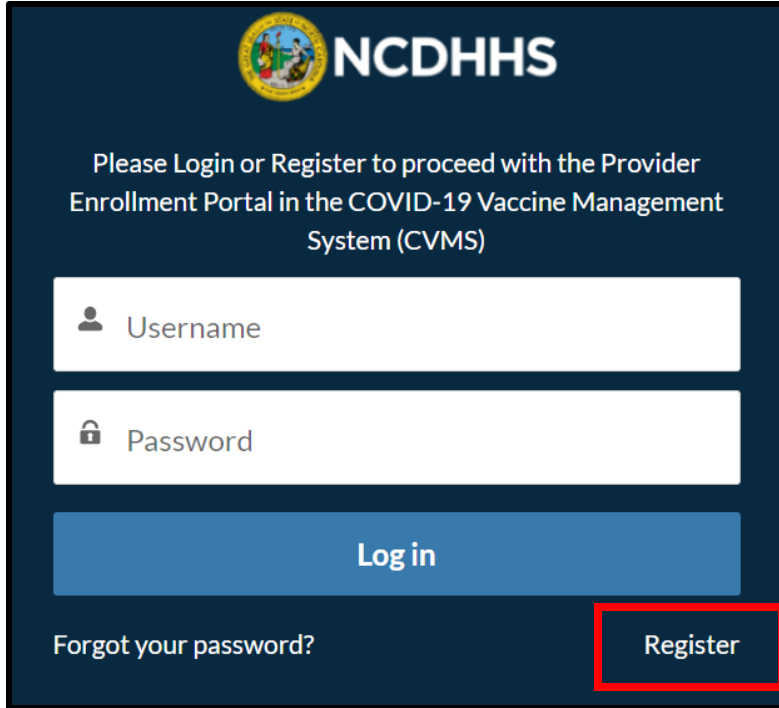
Provider Enrollment Role Checklist

COMPLETE THE CHECKLIST below for **EACH ROLE** that you serve in your organization

Organization Administrator	Vaccine Coordinator	Chief Executive Officer (CEO)	Chief Medical Officer (CMO)
<ul style="list-style-type: none"><input type="checkbox"/> Create your user account<input type="checkbox"/> Mark if your organization is a Redistribution Participant<input type="checkbox"/> Add all locations and enter for each location the vaccine coordinator(s) contact information<input type="checkbox"/> Add your organization's CEO<input type="checkbox"/> Add your organization's CMO	<ul style="list-style-type: none"><input type="checkbox"/> Register for a Provider Enrollment account via the link in the welcome email<input type="checkbox"/> Upload pictures of the interior and exterior of your storage units<input type="checkbox"/> Input all practicing providers at your location<input type="checkbox"/> Review and sign the CDC COVID-19 Vaccination Program Provider Agreement<input type="checkbox"/> Review and sign the Storage and Handling Attestation <p><u>For locations with at least 25 practicing providers</u>, return completed Practicing Provider Bulk Upload Template to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine</p>	<ul style="list-style-type: none"><input type="checkbox"/> Register for a Provider Enrollment account via the link in the welcome email<input type="checkbox"/> Review and sign the CDC COVID-19 Vaccination Program Provider Agreement<input type="checkbox"/> If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement	<ul style="list-style-type: none"><input type="checkbox"/> Register for a Provider Enrollment account via the link in the welcome email<input type="checkbox"/> Review and sign the CDC COVID-19 Vaccination Program Provider Agreement<input type="checkbox"/> If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Note: A single user can assign themselves all four profiles above if applicable and complete the enrollment process.

Step 1 of 6: Log into the CVMS Provider Enrollment Portal



You will be sent an email from COVIDenroll@dhhs.nc.gov inviting you to register for an account. **Do not** register before you receive this email.

1. Click the link in the email
2. Click **REGISTER** on the CVMS Provider Enrollment Portal login page
3. Enter your **NAME AND EMAIL**
4. Create your **PASSWORD**
5. Click **SIGN UP**
6. You will be directed to **COMPLETE SECTION B**

Audience

CEO

CMO

Tips

The link to the CVMS Provider Enrollment Portal will be included in the email inviting you to register.

Step 2 of 6: Review the Organization Agreement Review Process

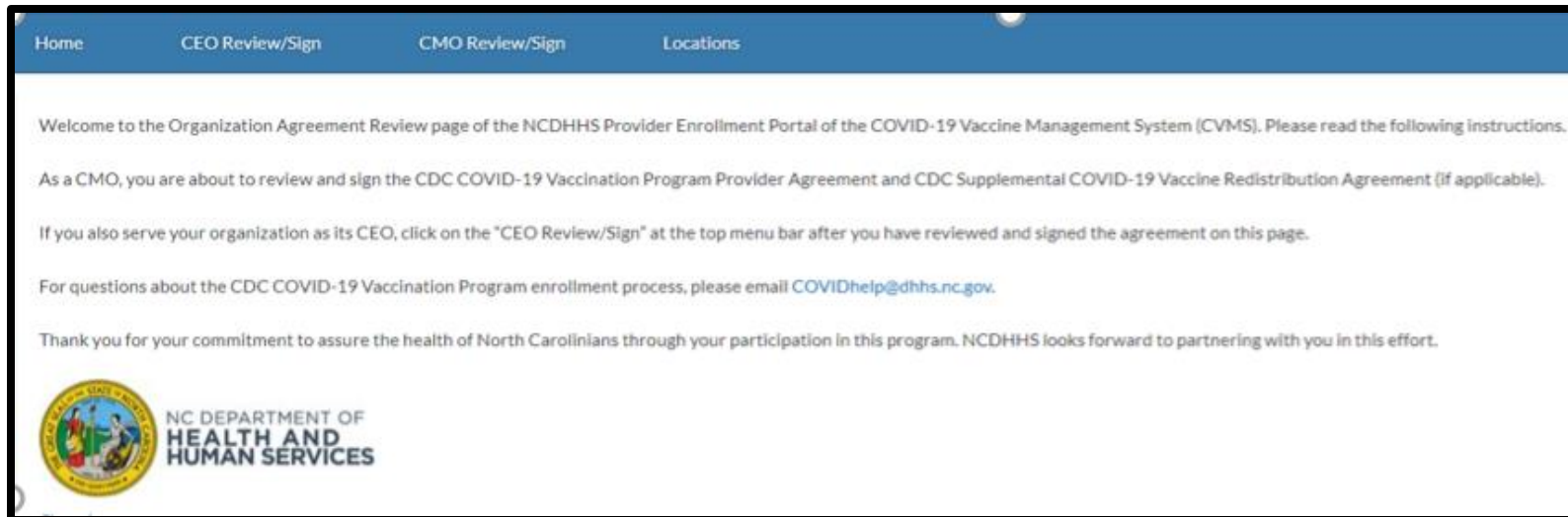
After logging in, you will see a message appear with a few **IMPORTANT REMINDERS** about the **ORGANIZATION AGREEMENT REVIEW PROCESS**. The Organization Agreement Process will work similarly for **BOTH CMOs** and **CEOs**.

1. Read the **REVIEW**
2. **CLOSE** the window

Audience

CEO

CMO



Step 3 of 6: Provide an e-Signature - CDC COVID-19 Vaccination Program Provider Agreement

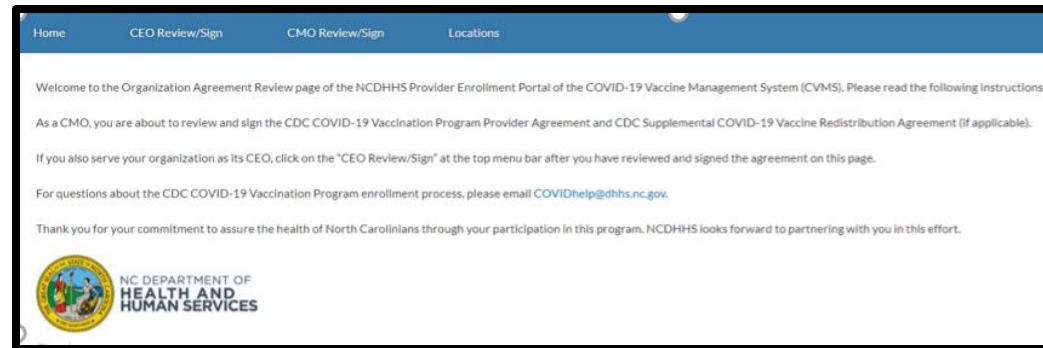
After closing the message, you will be able to review the **CDC COVID-19 VACCINATION PROGRAM PROVIDER AGREEMENT** and your **ORGANIZATION INFORMATION**. After reviewing the agreement and all provided details, you can **E-SIGN THE DOCUMENT**.

1. **REVIEW** the agreement and organization details
2. **DRAW YOUR SIGNATURE HERE**
2. Click the **ADOPT AND USE**
3. Click **NEXT**

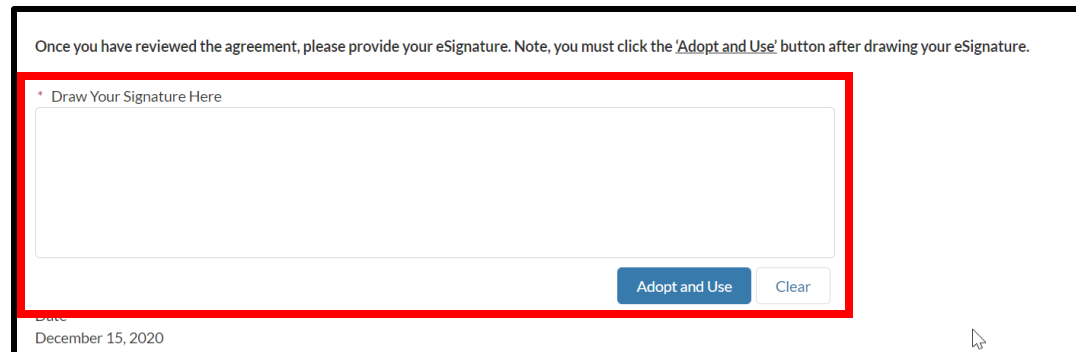
Audience

CEO

CMO



The screenshot shows the 'CEO Review/Sign' page of the NCDHHS Provider Enrollment Portal. The page includes a navigation bar with 'Home', 'CEO Review/Sign', 'CMO Review/Sign', and 'Locations'. The main content area contains instructions for the CEO to review and sign the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement. It also provides a link to email COVIDhelp@dhhs.nc.gov for questions and a thank you message from NCDHHS. The NC Department of Health and Human Services logo is visible at the bottom left.



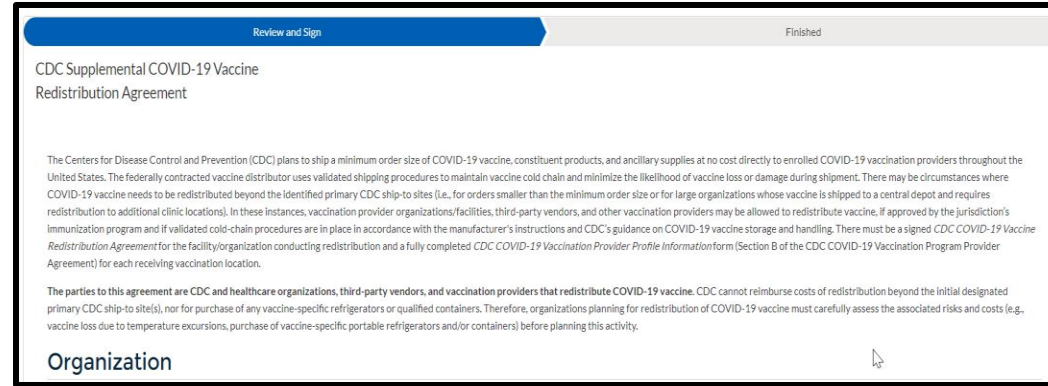
The screenshot shows the 'Draw Your Signature Here' interface. It includes a large white rectangular area for drawing the signature, a red border around the drawing area, and 'Adopt and Use' and 'Clear' buttons at the bottom right. Above the drawing area, there is a note: 'Once you have reviewed the agreement, please provide your eSignature. Note, you must click the 'Adopt and Use' button after drawing your eSignature.' The date 'December 15, 2020' is displayed at the bottom left.

Step 4 of 6: Provide an e-Signature - CDC Supplemental COVID-19 Vaccine Redistribution Agreement

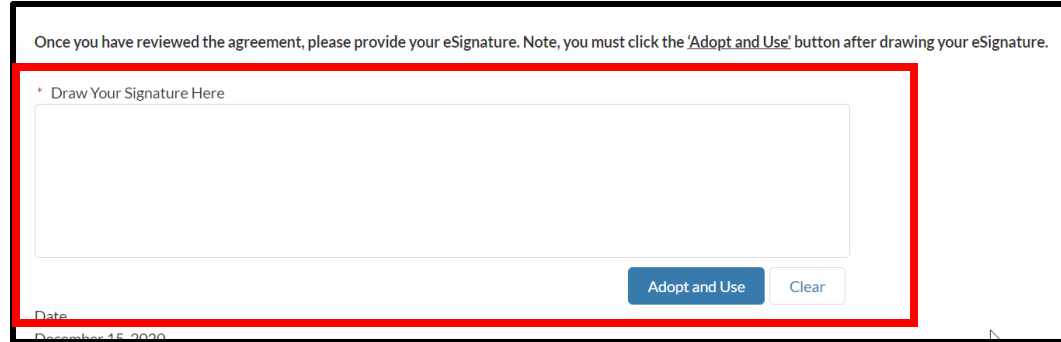
If your Organization Administrator indicated that your **ORGANIZATION IS A REDISTRIBUTION PARTICIPANT**, you will see the **CDC SUPPLEMENTAL COVID-19 VACCINE REDISTRIBUTION AGREEMENT**.

If you are not a redistribution participant, continue to the next step.

1. **REVIEW** the agreement and organization details
2. **DRAW YOUR SIGNATURE HERE**
2. Click the **ADOPT AND USE**
3. Click **NEXT**



The screenshot shows a web interface for reviewing the CDC Supplemental COVID-19 Vaccine Redistribution Agreement. At the top, there are two tabs: "Review and Sign" (active) and "Finished". The main content area contains the title "CDC Supplemental COVID-19 Vaccine Redistribution Agreement" and two paragraphs of text. The first paragraph describes the CDC's plan to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The second paragraph states that the parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine. At the bottom, there is a field labeled "Organization" with a cursor icon.



The screenshot shows the e-signature step of the agreement. It includes the instruction: "Once you have reviewed the agreement, please provide your eSignature. Note, you must click the 'Adopt and Use' button after drawing your eSignature." Below this is a large text box labeled "Draw Your Signature Here" with a red border. At the bottom right of the text box are two buttons: "Adopt and Use" (blue) and "Clear" (white). At the bottom left, there is a "Date" field showing "December 15, 2020".

Audience

CEO

CMO

Tips

This agreement will not appear if your organization is not a redistribution participant. If you are not a redistribution participant, continue to the next step.

Step 5 of 6: Review & Signature Complete

Once you are **DONE REVIEWING AND SIGNING** the appropriate agreement for your organization, the provider enrollment **PROCESS IS COMPLETE**.

If any changes are made to Section A after your organization is approved and the CEO / CMO signatures are provided, the organization must be re-approved and signatures will be required again.

If **YOU ARE BOTH THE CEO AND CMO**, continue to the **NEXT STEP**.

Audience

CEO
CMO

Home

CEO Review/Sign

CMO Review/Sign

Locations

Review and Sign

Finished

Review and Sign

Organization

Organization Identification:

Organization Name

Home

✓

Finished

Thank you

Your signature has been recorded successfully.

Step 6 of 6: Complete CMO / CEO Review & Signature

If **YOU ARE BOTH THE CEO AND CMO**, you can **COMPLETE ALL THE SAME STEPS** for the **REMAINING ROLE**.

You will be able to complete the remaining steps using the navigation bar the top of your page.

- 1. If you completed the CMO review / signature, click **CEO REVIEW/SIGN** at the top of your page
- 2. If you completed the CEO review / signature, click **CMO REVIEW/SIGN** at the top of your page

Audience

CEO
CMO

Home

CEO Review/Sign

CMO Review/Sign

Locations

Review and Sign

Finished

Review and Sign

Organization

Organization Identification:

Organization Name

Other Operations Available

Editing Section B

Step 1 of 5: Navigate to Section B

All changes to information recorded in Section B (e.g., a location installs a new refrigerated storage unit, a new practicing provider joins the team) are **REQUIRED TO BE ENTERED** into Section B of the CVMS Provider Enrollment Portal. Follow these steps to access, edit, and resubmit Section B.

1. If you are the CEO, CMO, or Organization Administrator, you will need to navigate to Section B through the **LOCATIONS** tab (Vaccine Coordinators may skip to Step 2)

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

[View More](#)

✓

✓

✓

Review

Next Steps

Provider Enrollment

Organization

Organization Identification:

Organization Name

Sample Loc1

Organization Telephone Number ⓘ

212-555-1234

Organization Email ⓘ

Audience

Vaccine Coordinator

CEO

CMO

Step 2 of 5: Open Section B

- 1. Click on the arrow on the right of the location that requires editing
- 2. Click on **AGREEMENT DETAILS**

NOTE: If you are the Vaccine Coordinator, this screen will be your home page

Audience

Vaccine Coordinator

CEO

CMO

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, you must complete this section for each respective location. To complete this section, you will be asked for:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-00856	Sample1	Submitted (Ready for Internal Review)	<div>▼</div>

Agreement Details

Step 3 of 5: Review and Edit Information

The information in Section B is auto-populated with the previously entered information.

- 1. Review and edit the information under each tab
- 2. Click **NEXT** to navigate to the next tab

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, you must complete this section for each respective location. To complete this section, you will be asked for:

[View More](#)

Location Inform...

Vaccine Coordin...

Availability

Provider Type/S...

Population Serv...

Storage Units

Practicing Provi...

Initial Healthcar...

Review

S&H Attestation

Completed

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

ORGANIZATION ADDRESS FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

* Location Name

Sample1

* Street Address 1

2 2 Twain

Street Address 2

Next

Audience

- Vaccine Coordinator
- CEO
- CMO

Step 4 of 5: Review and Sign

After completing all tabs, all information entered will display under the **REVIEW** tab. Confirm the accuracy of all information entered.

- 1. Draw your signature using your mouse
- 2. Click **ADOPT AND USE**
- 3. Click **NEXT**

Audience

Vaccine Coordinator
CEO
CMO

✓

✓

✓

✓

✓

✓

✓

✓

✓

Review

S&H Attestation

Completed

Please Confirm

Once you have reviewed the agreement, please provide your eSignature. Note, you must click the ['Adopt and Use'](#) button after drawing your eSignature.

Draw Your Signature Here

Sign

Adopt and Use

Clear

Date

August 27, 2021

Pause

Previous

Next

Step 5 of 5: Accept and Sign the Shipping and Handling Attestation

- 1. Review the Shipping and Handling Attestation
- 2. Draw your signature using your mouse
- 3. Click **ADOPT AND USE**
- 4. Click **NEXT**

Audience

Vaccine Coordinator
CEO
CMO

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

S&H Attestation

Completed

Please Confirm

Once you have reviewed the agreement, please provide your eSignature. Note, you must click the 'Adopt and Use' button after drawing your eSignature.

Draw Your Signature Here

Sign

Adopt and Use

Clear

Date
August 27, 2021

Pause

Previous

Next

Section B Completed

Section B is now complete and will be reviewed by the NCDHHS Immunization Branch for approval.

Audience

Vaccine Coordinator

CEO

CMO

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, **you must complete this section for each respective location**. To complete this section, you will be asked for:

[View More](#)

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Completed

Finished

Your organization location has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, the CMO and CEO will be notified for review and signature. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete and will be submitted to NCDHHS for review and approval.

Organizations who successfully meet all the enrollment requirements will be sent an approval notification via email within ten business days of completion of a fully executed agreement. Incomplete agreements, organizations listing inactive/suspended prescribers, and those with inappropriate storage units will not be approved for enrollment and will also be notified via email within ten business days.

For questions about the CDC COVID-19 Vaccination Program enrollment process, please contact the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine

Thank you for your commitment to assure the health of North Carolinians through your participation in this program. NCDHHS looks forward to partnering with you in this effort.



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Resubmitting Section B

Receiving Rejection Email Notification

After your location is reviewed, the NCDHHS Immunization Branch will either approve or reject your location. If your location is rejected, you will be sent an email notification with the **REASON FOR REJECTION** in the subject line as well as the body of the message. You will be able to resubmit your Section B for your location.

1. LOG IN to the Provider Enrollment Portal

Public Message > Sandbox Location does not meet licensing eligibility [Back to Inbox](#)

To [redacted]
From covid enroll@dhhs.nc.gov
Sending IP 96.43.152.77
Received 2021-03-08 11:38:16

Delete

HTML

TEXT

JSON

RAW

LINKS

ATTACHMENTS


Dear [redacted]

Cc: [redacted]

Thank you for your interest in the CDC COVID-19 Vaccination Program in North Carolina. The purpose of this email is to inform you that your application for the [redacted] location cannot be approved at this time. Vaccinating providers must have active, valid licensure/credentials to possess and administer vaccine in NC. This licensure verification is needed for those with prescribing authority [e.g., MD, DO, RPh, NP, PA] who will oversee COVID-19 vaccine administration to be qualified under the CDC agreement under the appropriate NC licensing authority.

Your application remains in CVMS and can be revised at any time for reconsideration. If you would like to update any part of the application, please log in to the [CVMS Provider Enrollment Portal](#) to do so.

Please submit cases/inquiries regarding COVID-19 vaccines as well as any CVMS technology issues to the [CVMS Help Desk Portal](#) for the most timely responses.



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Audience

Vaccine
Coordinator

Tips

You and your Organization Administrator will be notified via email when your location is approved for the first time if your Organization was approved first (this only applies to organizations with more than one location).

Resubmitting Section B

You will be asked if you would like to resubmit your Section B. Please take the time to update your Section B as well as review all the information you are submitting one more time. Once you reach the final page of Section B, your Section B will be resubmitted for review.

1. Select **RESUBMIT REASONS** and move them to the right using the right arrow.
2. Click **RESUBMIT**
3. After clicking Resubmit, use the **NEXT / PREVIOUS** buttons to review and update your Section B

The screenshot shows a web form for resubmitting Section B. At the top, it displays 'Unique COVID-19 Organization ID (Sect A) ORG-07337' and 'Unique Location ID LOC-05931'. Below this is a prompt: 'Please select the reason(s) you are resubmitting your Location's Provider Enrollment Agreement, Section B. The NCDHHS Immunization Branch will review your agreement and may Approve or Reject your location based on changes to your Agreement.' Under the heading 'Select Options', there are two columns. The 'Available Options' column contains a list: 'Days and Times to Receive Vaccine Shipment', 'Primary Vaccine Coordinator Contact Information', 'Storage & Handling Updates (images/make/model/capacity, etc.)', 'Vaccine Shipment or Vaccine Administration Address', and 'Other'. The 'Selected Options' column is currently empty. A red rectangle highlights the 'Available Options' list, and a red square highlights the right-pointing arrow between the two columns. At the bottom left of the form is a blue 'Resubmit' button.

Audience

Vaccine
Coordinator

Tips

Your Organization Administrator will be copied on the email that is sent if your location is rejected.

Practicing Provider Bulk Upload

Practicing Provider Bulk Upload Overview

For **LOCATIONS WITH 25 OR MORE PRACTICING PROVIDERS** who will be administering the COVID-19 vaccine, you can receive support in entering your practicing providers into CVMS via the **PRACTICING PROVIDER BULK UPLOAD PROCESS**. The Practicing Provider Bulk Upload process is offered to support completion of Section B.

If your location is eligible for this assistance, **PLEASE SUBMIT SECTION B WITHOUT ADDING YOUR PRACTICING PROVIDERS IN CVMS**. It is **IMPORTANT** to know that your **LOCATION CANNOT BE APPROVED** until your **PRACTICING PROVIDERS ARE ENTERED**.

Audience

Vaccine Coordinator

Tips

If you choose to use the practicing provider bulk upload process, do not manually enter any providers into CVMS.

	A	B	C	D	E	F	G
1	Provider Enrollment (Location)	Practicing Provider First Name	Practicing Provider Middle Initial	Practicing Provider Last Name	Practicing Provider License Type	Practicing Provider License Number	Comments
2		Bertram	S	Roberson	MD	74824184	
3		Amy	I	Torres	MD	802582528	
4		Fathima	B	Calhoun	DO	8053985	
5		Jaye		Dunlap	DO	79840274	
6		Cherie	T	Perkins	NP	5270742	
7		Alessandra		Schmitt	NP	8792348124	
8		Jaheim	S	Leach	PA	84802242	
9		Kirstie	A	Bender	PA	85824381	
10		Adnan		Monroe	RPh	15424524	
11							

Step 1 of 3: Practicing Provider Bulk Upload Template

To initiate the Practicing Provider Bulk Upload process, you must download the **PRACTICING PROVIDER BULK UPLOAD TEMPLATE**.

Please download this template for the NCDHHS Immunization Branch website:
[CVMS User Guides, Recorded Trainings and Upcoming Trainings | NC DHHS COVID-19](#)

The template name is **Practicing Provider Bulk Upload Template** (Excel)

Audience

Vaccine Coordinator

	A	B	C	D	E	F	G
1	Provider Enrollment (Location)	Practicing Provider First Name	Practicing Provider Middle Name	Practicing Provider Last Name	Practicing Provider License Type	Practicing Provider License Number	Comments
2							
3							
4							
5							
6							
7							
8							

Step 2 of 3: Enter Practicing Provider Information

Once you have the Practicing Provider Bulk Upload Template, enter details for each practicing provider who will administer the COVID-19 vaccine at this location. Remember, all **INFORMATION ENTERED MUST MATCH** what appears on the **PRACTICING PROVIDER'S MEDICAL LICENSE**.

COMPLETE ONE Practicing Provider Bulk Upload Template **PER LOCATION**.

1. Enter the following information **FOR EACH PRACTICING PROVIDER**:

- First Name
- Middle Initial (if applicable)
- Last Name
- License Type (select option from dropdown)
- License Number

Audience

Vaccine
Coordinator

Tips

Complete one practicing provider bulk upload template per location.

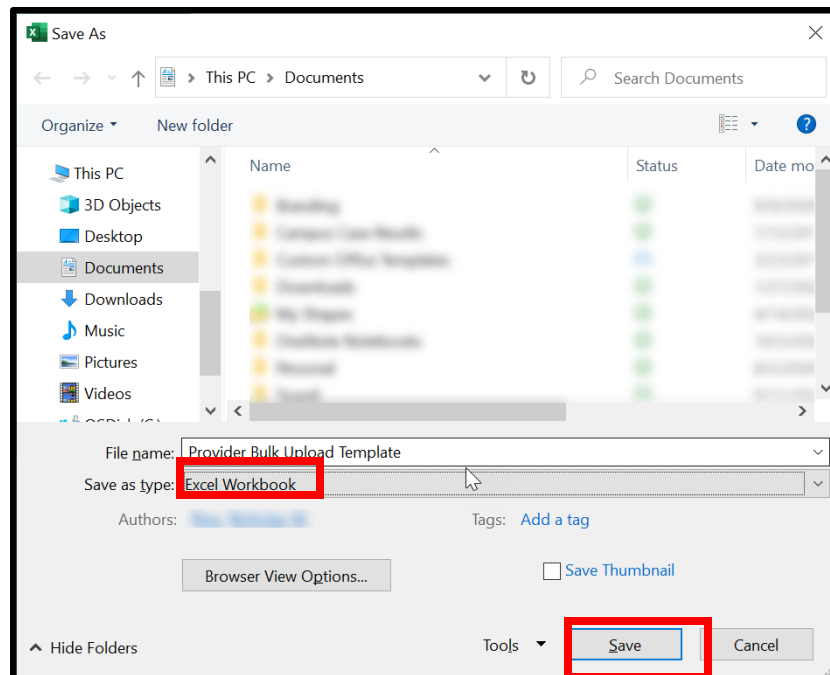
Step 3 of 3: Save & Send Practicing Provider Bulk Upload File

Review the Practicing Provider Bulk Upload file for completeness and accuracy. You can now **SAVE AND SEND THE FILE** to the CVMS Help Desk Portal for processing.

1. **REVIEW** all information
2. **SAVE** the file as an **EXCEL FILE**
3. **SUBMIT THE FILE TO THE CVMS HELP DESK PORTAL** at

https://ncgov.servicenowservices.com/csm_vaccine.

- Please **INCLUDE THE LOCATION NAME** for the Practicing Provider Bulk Upload File within the ticket.



Audience

Vaccine
Coordinator

Tips

Include the Location Name within the ticket when submitting your completed Practicing Provider Bulk Upload file via the CVMS Help Desk Portal.

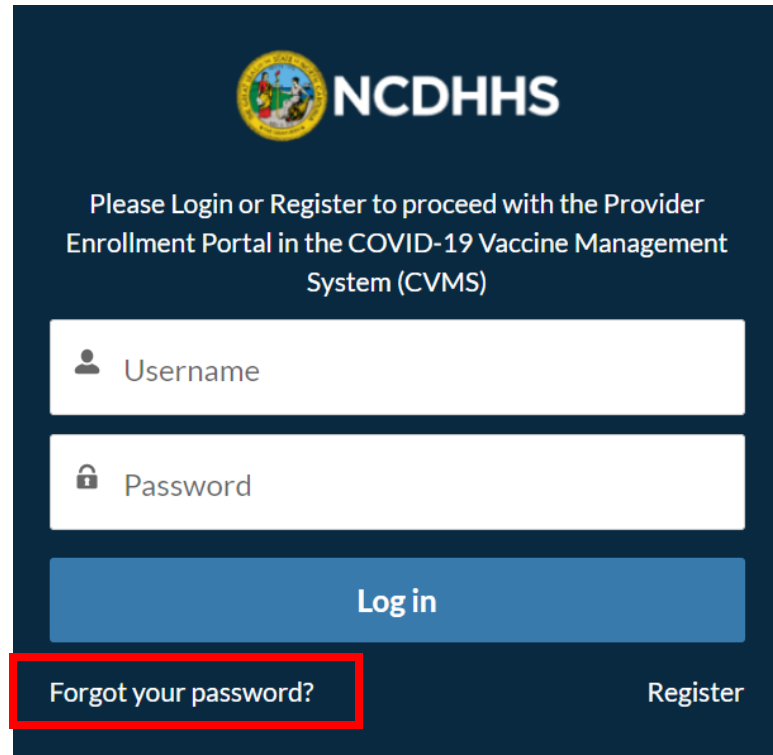
Appendix


Reset Password

Step 1 of 4: Initiate Password Reset

You will be able to reset your password at any time.


1. Navigate to **CVMS PROVIDER ENROLLMENT PORTAL** (<https://covid-enroll.ncdhhs.gov/>)
2. Click the **FORGOT YOUR PASSWORD?**



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

Forgot your password? [Register](#)

Audience

Organization Administrator

Vaccine Coordinator

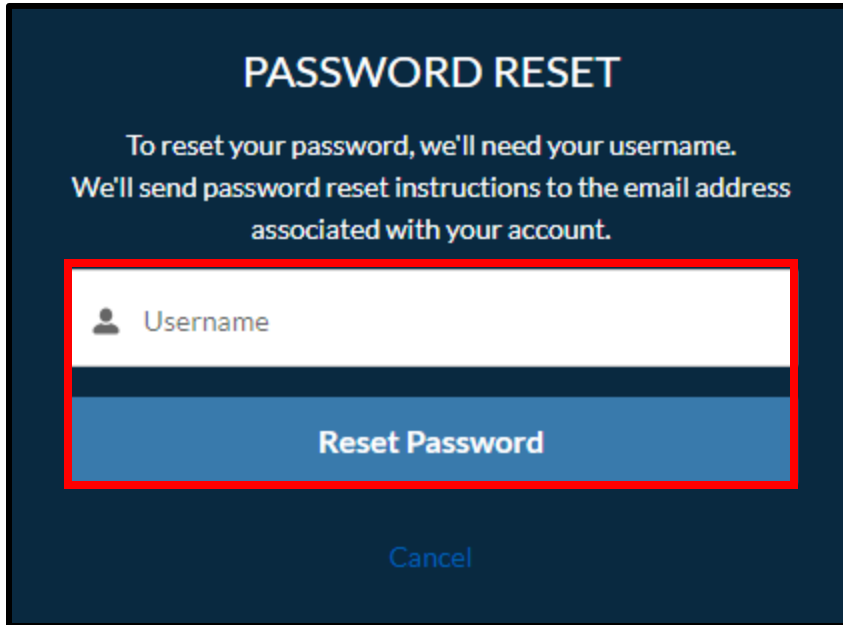
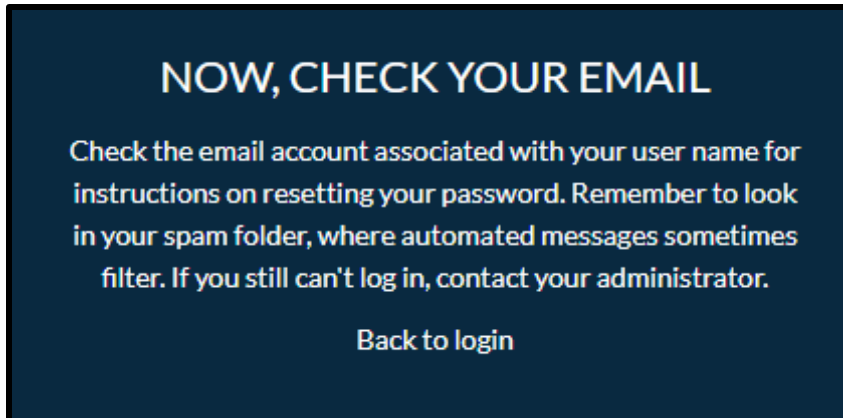
CEO

CMO

Tips

Consider using a password manager to keep your password if your organization's security policy allows it.

Step 2 of 4: Trigger Email to Reset Password

A screenshot of a 'PASSWORD RESET' form. The title 'PASSWORD RESET' is at the top in white. Below it, text says: 'To reset your password, we'll need your username. We'll send password reset instructions to the email address associated with your account.' There is a white input field with a red border containing a person icon and the text 'Username'. Below the input field is a blue button labeled 'Reset Password'. At the bottom is a blue link labeled 'Cancel'.A screenshot of a screen titled 'NOW, CHECK YOUR EMAIL' in white. The text below says: 'Check the email account associated with your user name for instructions on resetting your password. Remember to look in your spam folder, where automated messages sometimes filter. If you still can't log in, contact your administrator.' At the bottom is a white link labeled 'Back to login'.

You will be prompted to enter your **USERNAME**. You can expect an email from COVIDenroll@dhhs.nc.gov with a link to reset your password.

1. **ENTER YOUR USERNAME.** In most cases, this will be the email address you used to register your account
2. Click **RESET PASSWORD**
3. You will be directed to a page that says **NOW, CHECK YOUR EMAIL**

Audience

Organization
Administrator

Vaccine
Coordinator

CEO

CMO

Tips

Check the spam/junk folder of your email account if you do not receive a password reset email.

Step 3 of 4: Check Password Reset Email

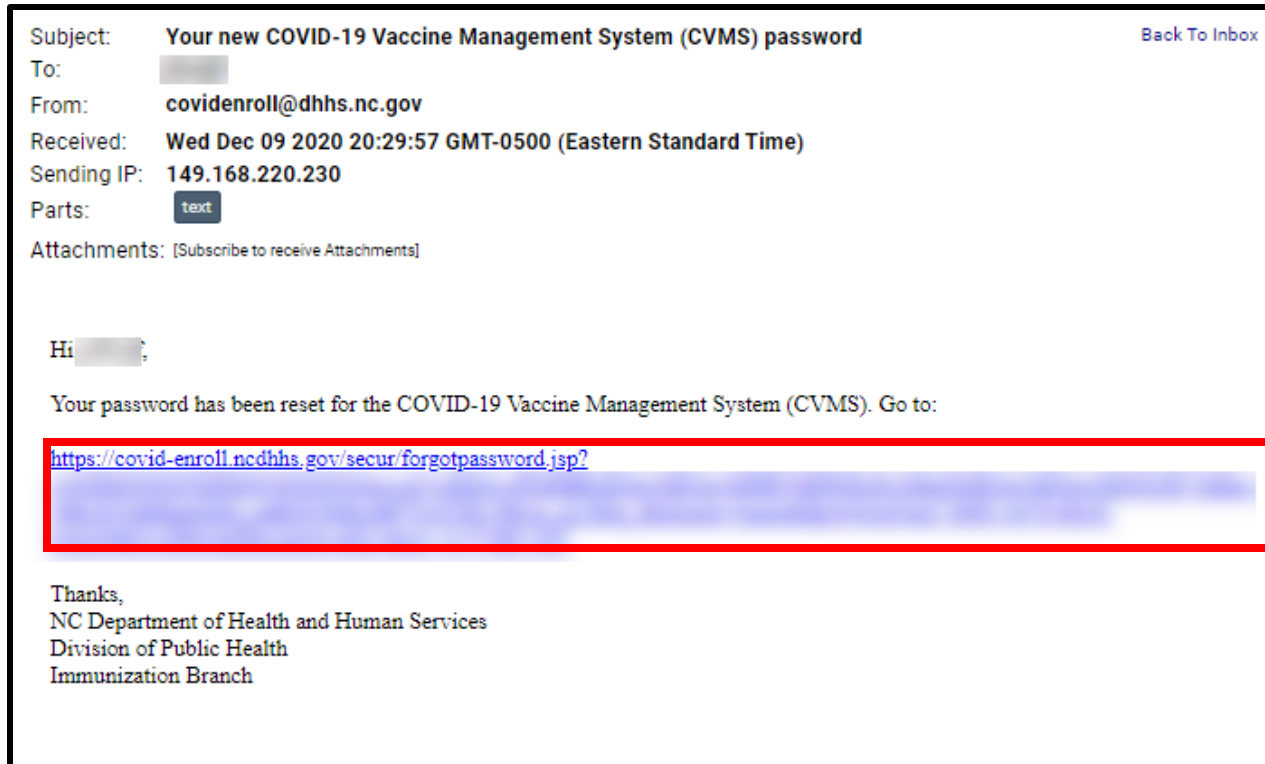
You will be sent an email with a **LINK TO RESET YOUR PASSWORD**.

1. CHECK YOUR EMAIL INBOX

2. Check your **SPAM OR JUNK FOLDER** if the email does not appear in your inbox

3. Open the email

4. **CLICK THE LINK** in the email



Audience

Organization
Administrator

Vaccine
Coordinator


CEO

CMO

Tips

Contact the **COVID-19 Vaccine Provider Help Desk** if you do not receive an email (see slide 2 of this user guide for contact information).

Step 4 of 4: Complete Password Reset

 **NCDHHS**

Change Your Password


Enter a new password for **jfosijf@mailinator.com**.
Make sure to include at least:

☐ 12 characters

☐ 1 uppercase letter

☐ 1 lowercase letter

☐ 1 number

☐ 1 special character 

* New Password

* Confirm New Password

Change Password

Password was last changed on 12/9/2020, 5:31 PM.

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You will be directed to a page where you can reset your password.

1. Enter a **NEW PASSWORD** that meets the **PASSWORD CRITERIA**
2. Enter the same password under **CONFIRM NEW PASSWORD**
3. Click **CHANGE PASSWORD**
4. If you have successfully reset your password, you will be routed to the CVMS Provider Enrollment Portal

Audience

Organization Administrator

Vaccine Coordinator

CEO

CMO

Tips

The Change Password will change color when all requirements have been met.

CVMS Steps For Providers

✓ Step 1 - Register your organization

✓ Step 2 - Register each vaccine location and all prescribing providers who will administer vaccine

☐ Step 3 - Obtain NCID credentials

☐ Step 4 - Create user accounts for your organization's CVMS users

☐ Step 5 - Navigate the CVMS Provider Portal

☐ Step 6 - Receive and manage vaccine inventories

☐ Step 7 - Add locations to the find a vaccine location website






☐ Step 8 - Invite recipients to register in the COVID-19 Vaccine Portal

☐ Step 9 - Invite recipients to self-schedule their appointments (optional)

☐ Step 10 - Check-in recipients and document vaccination

Additional Notes

Key Items:

- **Hyperlinks** appear as light blue and will provide additional information or navigation.
- *** Asterisks** are used to denote required information.
-  A Toggle can be clicked to see selectable options.
-  A Pen can be clicked to make edits to the field.
-   Navigation Buttons can be clicked on to progress to the “next” or the “previous” step in a task.
-  A Pause button can be clicked if you wish to step away / and return to your form later. You will be prompted to review your previously entered data upon your return/ login.

Supported Web Browsers:

- Please use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers to access CVMS.
- For more information on supported browsers, see https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5
- Note: Internet Explorer and Edge (non-Chromium) browsers are not supported.

User Guide Change Log

Version	Date of Change	Changes Made	Author
1	12/14/2020	• Original version	Kevin Kauffman
2	12/31/2020	• Removed link to the Provider Enrollment portal	Simon Couderc
3	01/07/2021	• Removed any mention of the 2 CVMS Help Desk emails. Added TIPS mentioning retired emails. Added Service Now Portal information.	Courtney Seward
4	03/03/2021	• Updated language to focus on providers with prescribing authority per CDC agreement. • Updated CVMS Call Center information	Jerilyn MacLaren-Hall
5	03/09/2021	• Updated registration steps, automated 7-day reminder and added resubmit Section B steps.	Azalea Troche
6	04/01/2021	• Updated Practicing Providers page layout	Azalea Troche
7	04/13/2021	• Updated HCP Location Manager step; updated practicing provider license types; update on email notification sent about approved locations. • Updated organization approval screenshot	Azalea Troche
8	05/19/2021	• Updated resubmit flow to include resubmission reason	Kevin Kauffman
9	07/27/2021	• New user guide version • 3: New table of content	Vanessa Kemajou
10	08/05/2021	• Update Initial HCP required fields	Kaitlin Gates
11	08/27/2021	• Help Desk References Updated • 32-38: "Editing Section B" section added	Kaitlin Gates, Darrell Lee